PROJECT MANAGER REQUEST FOR PAYMENT

From: Project Manager:	To: Local Government Unit (LGU):				
Telephone:	Telephone:				
Fax:	Fax:				
MSBA ID:	Period Ending:				
Contract for:					

Project Phase	Approved Budget	Percent of Total	Previously Approved Payments	Requested This Period	Total Completed to Date	% Complete	Balance to Finish
Programming							
Feasibility Study							
Schematic Design							
Design Development							
Construction Contract Documents							
Bidding							
Construction Contract Administration							
Closeout							
Totals							

Project Manager:	Approved: LGU	
Firm:	LEA:	
By:	By:	
Date:	Date:	

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